

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/550985

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		3				
5		4				
6		5				
7		6				
8		7				
9		8				
10		9				
11		10				
12		11				
13		12				
14		13				
15		14				
16		15				
17		16				
18	1					
19	1					
20	1					
21		1				
22		2				
23		3				
24	1					
25	1					
26	1					
27		1				
28		2				
29		3				
30		4				
31	1					
32	1					
33	1					
34		1				
35		2				
36		3				
37	1					
38		1				
39		2				
40		3				
41		4				
42		5				
43		6				
44		7				
45		8				
46		9				
47		10				
48		11				
49		12				
50		13				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52	1					
53		1				
54		2				
55		3				
56		4				
57		5				
58		6				
59		7				
60		8				
61	1					
62		1				
63		2				
64		3				
65		4				
66		5				
67		6				
68		7				
69		8				
70		9				
71		10				
72		11				
73		12				
74		13				
75	1					
76		1				
77		2				
78	1					
79	1					
80		1				
81	1					
82		1				
83		2				
84		3				
85		4				
86		5				
87		6				
88		7				
89		8				
90		9				
91		10				
92		11				
93		12				
94		13				
95		14				
96		15				
97		16				
98		17				
99		18				
100		19				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						